

**Type of Application:**  Business  Individual  New  Used Salesperson's Name: \_\_\_\_\_

Dealer Name: HILL TRUCK SALES, INC. LYNNE MILLER Dealer Phone: 574-262-3441 Dealer Fax: 574-262-3443

**INDIVIDUAL/PARTNERSHIP INFORMATION:**

1<sup>st</sup> Time Buyer  Ownership Exp. Number of trucks you currently: Operate: Own:

Full Name: Social Security Number: Date of Birth:

Home Phone Number Pager Number Cell Phone Number E-Mail Address

Present Physical/Mailing Address: City: County: State: Zip:

How Long at Present Address?  Rent  Own  Live with relatives Monthly Payment:  
 Years: Months:

Previous Address (If less than 2 years)

Co-Buyer Co-Buyer's SSN: Co-Buyer's Phone Number:

Present Physical Address: City: County: State: Zip:

Employer Time on job Income

**NEAREST RELATIVES/PERSONAL REFERENCES NOT LIVING WITH YOU:**

Name

Address City State Zip Phone

Name

Address City State Zip Phone

**CORPORATION/LEGAL ENTITY INFORMATION (If Applicable)**

Exact Legal Name of Corporation/Legal Entity:  Inc.  LLC  Other Federal ID#

Year of Organization Principal Officer Social Security Number

Title % Owned US DOT Number MC Number

**CURRENT EMPLOYMENT INFORMATION**

Total Years of Driving Experience Years as Owner Operator Years as Company Driver

Name: City: State: Phone:

Contact Years at Current Employer Months Income

Company Driver  Owner Operator  Other Other Annual Income  
 Source Amount

**FUTURE EMPLOYMENT**

Name City/State Phone Number

Contact Monthly Miles Monthly Revenue Paid /mile % of Gross

Products to be Hauled Commercial DL# State

**PREVIOUS EMPLOYERS**

Name City State Phone Number Contact How Long?

Name City State Phone Number Contact How Long?

Name City State Phone Number Contact How Long?

Trucks/Trailers Owned Lending City/State Phone # Account #  
 Description of Collateral Institution

<b>Real Estate</b>	<b>Lending Institution</b>	<b>City/State</b>	<b>Phone #</b>	<b>Account #</b>
<b>Autos Owned</b>	<b>Lending Institution</b>	<b>City/State</b>	<b>Phone #</b>	<b>Account #</b>
<b>Bank Account Type</b>	<b>Institution</b>	<b>City/State</b>	<b>Phone #</b>	<b>Account #</b>

**WISCONSIN MARITAL INFORMATION STATEMENT:** (Must be filled in by Wisconsin Residents)

Spouse's Name: (If Other than Co-Applicant) \_\_\_\_\_ Is Co-applicant Your Spouse?  Yes  No  Are you Married \_\_\_\_\_ Date of Marriage: \_\_\_\_\_  
 Legally Separated \_\_\_\_\_  
 Unmarried (The term "unmarried" includes Single Divorced or Widowed Persons) \_\_\_\_\_ Date of Decree of Legal Separation \_\_\_\_\_

Spouse's Address \_\_\_\_\_

**Notice to Married Applicants:** No provision of any marital property agreement, statutory individual property classification agreement ("opt-out" agreement) under Section 766.587 of the Wisconsin Statutes, unilateral statement under section 766.59 or the Wisconsin Statutes, or court order under section 766.70 of the Wisconsin Statutes adversely affects the interest of the creditor unless the creditor receives a copy of the agreement, statement, or order or has actual knowledge of the adverse provision before extending or agreeing to extend the credit you are requesting. Is there a marital property agreement, statutory individual property classification agreement, unilateral statement, or court order that you wish the creditor to consider in evaluating your credit application?

Check appropriate box:  
 No  Yes (If yes, provide the creditor with a copy of the agreement, statement or order.)

**Notice to Non-Applicant Spouse (Married Applicants only):** If the credit applied for is individual credit, or joint credit with an applicant who is not your spouse, the creditor is required by section 766.56 (3)(b) of the Wisconsin Statutes to notify your spouse of the extension of credit.

**Statement of Purpose:** For a married applicant applying for individual credit or for joint credit with an applicant who is not your spouse: The credit requested, if granted, will be incurred in the interest of my marriage or family.

\_\_\_\_\_  
**Signature of Wisconsin Applicant** \_\_\_\_\_  
**Date**

**CALIFORNIA:** An applicant, if married, may apply for a separate account.  
**RHODE ISLAND, MAINE, TENNESSEE:** You must have physical damage insurance covering loss or damage to the vehicle for the term of any contract. For a lease, you must also have the liability insurance as described in the lease. You may buy this insurance from anyone you choose. You do not have to buy it from or through someone affiliated with the dealer or an assignee of this contract. Your choice of insurance will not affect the credit approval process unless the insurance does not satisfy the contract requirements or the insurance company does not satisfy the reasonable standards of the dealer or an assignee of the contract.  
**NEW YORK:** Consumer reports may be requested in connection with this application. Upon your request, you will be informed as to whether or not a consumer report was requested and informed of the name and address of the consumer reporting agency that furnished the report. On any update, renewal or extension of this credit, subsequent consumer reports may be requested.  
**OHIO:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

**CREDIT REPORT.** The undersigned agrees to notify DaimlerChrysler Services North America LLC immediately in writing of any material unfavorable change in financial conditions. Dealer and/or DaimlerChrysler Services North America LLC and its successors (each "Creditor") may obtain my credit report in connection with this credit application, the credit transaction resulting from this application, or future extensions of credit by Creditor, for any aspect of the credit transaction, including but not limited to reviewing the account, taking collection action, updating credit information or for any other Permissible Purpose under the Federal Fair Credit Reporting Act.  
**CREDIT INVESTIGATION.** I authorize the Creditor to start a credit investigation based on the information voluntarily provided by me which is true and correct and reflects all my debts. In addition, I authorize Creditor to obtain federal, state, and third party records of employment and income history, including State Employment Security Agency ("SESA") records. This SESA authorization is for this transaction only and continues in effect for one (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year, as allowed by law. **BANKRUPTCY.** A bankruptcy proceeding is not in progress nor expected. **BUSINESS APPLICATIONS.** If the application is submitted in the name of a business, a current and year end financial statement, including P&L statement, and balance sheet is required, audited if possible. **COPY PROVIDED.** Upon request, I will be provided a copy of this application. **CERTIFICATION.** I acknowledge and certify that I have applied for a loan or extension of credit from DCS and I intend to use the purchased Equipment primarily for business or commercial purposes, and not for personal, family, household or agricultural purposes. Everything I have stated in this application is correct to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title (if applicable): \_\_\_\_\_  
 Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title (if applicable): \_\_\_\_\_